

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044016

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 26 1962

11048

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Webster Groves</i>	
Length of stay in 1b <i>3 weeks</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>1624 Crabapple Lane</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Frances</i> Middle <i>Patton</i> Last <i>Britt</i>		4. DATE OF DEATH Month <i>November</i> Day <i>16</i> Year <i>1962</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-7-25</i>
9. AGE (last birthday) <i>37</i>		10. IF UNDER 1 YEAR Months <i>37</i> Days <i>37</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>cartographer</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Aero. Chart-Info. Ctr.</i>	
13a. FATHER'S NAME <i>Shelly Allen Patton</i>		13b. MOTHER'S MAIDEN NAME <i>Charlene Grubs</i>	
14. NAME OF HUSBAND OR WIFE <i>Jesse B. Britt</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. INFORMANT <i>Jesse B. Britt</i>		Address <i>1624 Crabapple Lane</i>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma breast bilateral</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>170x</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>a.m.</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>1961 to Mar 16-62</i>		
21. I attended the deceased from <i>10:10 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl E. Lischer</i> (Degree or title)		22b. ADDRESS <i>457 N. Kingshighway</i>	
22c. DATE SIGNED <i>11/17/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>11-19-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>	23d. LOCATION (City, town, or county) <i>Kirkwood, Missouri</i>
24. FUNERAL DIRECTOR <i>MITTELBERG GERBER</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 17 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.